

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/535,414

FILING DATE

APPLICANT(S)

7-6-09

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		X	X			51						
2		1					52						
3		1					53						
4		3					54						
5		1					55						
6	X		X	X			56						
7		1					57						
8	X		X	X			58						
9		1					59						
10	X		X	X			60						
11		1					61						
12	X		X	X			62						
13		1					63						
14	X		X	X			64						
15		1					65						
16	X		X	X			66						
17		1					67						
18	X		X	X			68						
19		1					69						
20	X		X	X			70						
21		1					71						
22	X		X	X			72						
23		1					73						
24	X		X	X			74						
25		1					75						
26	X		X	X			76						
27		1					77						
28	X		X	X			78						
29		1					79						
30	X		X	X			80						
31		1					81						
32	X		X	X			82						
33		1					83						
34	X		X	X			84						
35		1					85						
36	X		X	X			86						
37		1					87						
38	X		X	X			88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1	↓		↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	19	←		←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	20						TOTAL CLAIMS						

DECS AVAILABLE COPY